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Docket No: 2640/1G820-US1

XPRESS MAIL CERTIFICATE

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hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for

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PATENT TRADEMARK OFFICE

DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

Box PATENT APPLICATION Assistant Commissioner for Patents Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

<u>Inventor/s</u> (name <u>ALL</u> inventors):

Eitan T. WIENER, Robert P. GILL,

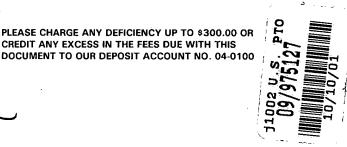
William T. DONOFRIO, and

Richard F. SCHWEMBERGER

Title: APPARATUS AND METHOD FOR ALERTING GENERATOR FUNCTIONS IN AN ULTRASONIC SURGICAL SYSTEM

including the items indicated:

- 1. Specification and 46 claims: 8 indep.; 38 dep.; multiple dep.; including 42 page(s) of written description; 13 page(s) of claims; 1 page(s) of abstract.
- 2. [X] Drawings, 21 sheets (Figs. 1-15)
- 3. [X] Executed Declaration/Power of Attorney



- [] Unexecuted Declaration/Power of Attorney
- 4. [X] Assignment for recording to: Ethicon Endo-Surgery, Inc.
 - [] Assignment was recorded at Reel No., Frame No., on .
 - [] Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee:

- 5. [] Priority is claimed under 35 U.S.C. §119(e) of:
 - Number:

60/241,886

Date:

October 20, 2000

- 6. [] Request and Certification under 35 U.S.C. §122(b)(2)(B)(i) for Nonpublication.
- 7. [X] Payment in amount of \$1668.00, (\$1628 filing; \$40 recording) in the form of

[X] check

[] deposit account no. 04-0100

[] credit card (see attached form)

(See attached Fee Computation Sheet)

- 8. [] Preliminary Amendment
- 9. [X] Information Disclosure Statement

Date: October 10, 2001

Respectfully submitted,

Alphonso A. Collins Reg. No. 43,559

Attorney for Applicant(s)

Docket No.: 2640/1G820

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$740.00
Total Claims	46 - 20	-0 = 26	x \$18.00	\$468.00
Independent Claims	8 - 3	- O = 5	x \$84.00	\$420.00
Multiple Depende	nt Claims	- if so, add	\$280.00	\$0.00
ah	e submission of filing	fee and/or declaratio	n (\$130.00)	\$0.00
SUBTOTAL				\$1628.00
Small Entity REDUCTION (Half of Subtotal)				\$0.00
tee for recordation of assignment (\$40.00)				\$40.00
Charge for filing non-English language application (\$130.00)				\$0.00
TOTAL	· · · · · · · · · · · · · · · · · · ·			\$1668.00